

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

9989

State File No. ....

BIRTH NO. <b>FILED APR 2 1954</b>		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2816</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>7 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5216a Wabada Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b>		b. (Middle) <b>Paul</b>		c. (Last) <b>Donnelly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 27, 1954</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>Sept 6, 1892</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Supt. Track Dept. Public</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Matt Donnelly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Grady</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lucille Donnelly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-10-7970</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lucille Donnelly, 5216a Wabada Ave.</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>circumstances of heart &amp; failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post-operative condition</b> DUE TO (c) <b>Cancer of left colon</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Heart failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>7...</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of left colon &amp; circumferential</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>153X</b>		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>JAN.</b> , 1954, to <b>MARCH 27, 1954</b> , that I last saw the deceased alive on <b>MARCH 27, 1954</b> and that death occurred at <b>5 a.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ceyril Beartello</b>				23b. ADDRESS <b>3920 Washington</b>		23c. DATE SIGNED <b>3-29-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 30, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 29 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		FUNDAL DIRECTOR'S SIGNATURE <b>M.D. Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

m.j.B. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *35*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.